

## 2016 Monthly insurance premiums for permanent, part-time teachers

| Category I. 15-19 hours |          |          |              |         |             |         |          |        |
|-------------------------|----------|----------|--------------|---------|-------------|---------|----------|--------|
|                         | Employee |          |              |         |             |         | Employer |        |
|                         | Savings  | Standard | TRICARE Supp | Dental  | Dental Plus | Vision  | Health   | Dental |
| Employee only           | \$189.74 | \$277.72 | \$62.50      | \$5.86  | \$25.96     | \$7.00  | \$180.06 | \$5.86 |
| Employee/spouse         | \$434.02 | \$609.98 | \$121.50     | \$13.50 | \$52.46     | \$14.00 | \$356.64 | \$5.86 |
| Employee/children       | \$296.82 | \$420.20 | \$121.50     | \$19.58 | \$60.50     | \$14.98 | \$276.34 | \$5.86 |
| Full family             | \$559.52 | \$753.08 | \$162.50     | \$27.20 | \$78.60     | \$21.98 | \$446.52 | \$5.86 |

| Category II. 20-24 hours |          |          |              |         |             |         |          |        |
|--------------------------|----------|----------|--------------|---------|-------------|---------|----------|--------|
|                          | Employee |          |              |         |             |         | Employer |        |
|                          | Savings  | Standard | TRICARE Supp | Dental  | Dental Plus | Vision  | Health   | Dental |
| Employee only            | \$128.52 | \$216.50 | \$62.50      | \$3.86  | \$25.96     | \$7.00  | \$241.28 | \$7.86 |
| Employee/spouse          | \$312.78 | \$488.74 | \$121.50     | \$11.50 | \$52.46     | \$14.00 | \$477.88 | \$7.86 |
| Employee/children        | \$202.86 | \$326.24 | \$121.50     | \$17.58 | \$60.50     | \$14.98 | \$370.30 | \$7.86 |
| Full family              | \$407.70 | \$601.26 | \$162.50     | \$25.20 | \$78.60     | \$21.98 | \$598.34 | \$7.86 |

| Category III. 25-29 hours |          |          |              |         |             |         |          |        |
|---------------------------|----------|----------|--------------|---------|-------------|---------|----------|--------|
|                           | Employee |          |              |         |             |         | Employer |        |
|                           | Savings  | Standard | TRICARE Supp | Dental  | Dental Plus | Vision  | Health   | Dental |
| Employee only             | \$70.92  | \$158.90 | \$62.50      | \$2.00  | \$25.96     | \$7.00  | \$298.88 | \$9.72 |
| Employee/spouse           | \$198.64 | \$374.60 | \$121.50     | \$9.64  | \$52.46     | \$14.00 | \$592.02 | \$9.72 |
| Employee/children         | \$114.44 | \$237.82 | \$121.50     | \$15.72 | \$60.50     | \$14.98 | \$458.72 | \$9.72 |
| Full family               | \$264.82 | \$458.38 | \$162.50     | \$23.34 | \$78.60     | \$21.98 | \$741.22 | \$9.72 |

| Tobacco surcharge   |         |
|---------------------|---------|
| Single coverage     | \$40.00 |
| Non-single coverage | \$60.00 |